

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1	APPARENT MODE HOMICIDE	<i>1159504 A</i> <i>Pinwheel</i>	CASE NO 2012-02050
	SPECIAL CIRCUMSTANCES Gunshot Wound, Media Interest, Officer Involved		CRYPT 207

LAST, FIRST MIDDLE MCDADE, KENDRIC LAVELLE		AKA	#								
ADDRESS 1020 CALLE DEL SOL #1		CITY AZUSA	STATE CA	ZIP 91702							
SEX MALE	RACE BLACK	DOB 5/5/1992	AGE 19	HGT 68 in.	WGT 158 lbs.	EYES BROWN	HAIR BLACK	TEETH ALL NATURAL TEETH	FACIAL HAIR BEARD AND MUSTACHE	ID VIEW Yes	CONDITION FAIR
MARK TYPE TATTOO	MARK LOCATION CHEST	MARK DESCRIPTION CLOUDS W/ "CHOSEN"									
TATTOO	INNER RT FORE	ILLEGIBLE WRITING									
TATTOO	INNER LEFT WRI	"IN GOD WE TRUST"									
NOK	ADDRESS		CITY		STATE		ZIP				
RELATIONSHIP MOTHER	PHONE		NOTIFIED BY		DATE 3/25/2012		TIME				
USN	DL ID	STATE	PENDING BY								
ID METHOD BODY VIEWED AT HOSPITAL											
LA #	MAIN #	CH #	FBI #	MILITARY #	DOB						
IDENTIFIED BY NAME (PRINT)		RELATIONSHIP FATHER		PHONE		DATE 3/25/2012		TIME			
PLACE OF DEATH / PLACE FOUND HOSPITAL		ADDRESS OR LOCATION 100 WEST CALIFORNIA AVENUE		CITY PASADENA		ZIP 91109					
HUNTINGTON MEM. HOSPITAL											
PLACE OF INJURY STREET	AT WORK No	DATE 3/24/2012	TIME 23:04	LOCATION OR ADDRESS 751 SUNSET AVENUE, PASADENA, CA				ZIP 91103			
DOB 3/25/2012	TIME 00:28	FOUND OR PRONOUNCED BY DR LUGO									
OTHER AGENCY INV OFFICER PASADENA P.D. - DET VAN HECKE		PHONE		REPORT NO. 12004548		NOTIFIED BY		NO			
TRANSPORTED BY AISHA N. SCOTT		TO LOS ANGELES FSC		DATE 3/25/2012		TIME 13:15					
FINGERPRINTS? Yes	CLOTHING No	PA RPT No		MORTUARY							
MED EV No	INVEST PHOTO # 1	SEAL TYPE		HOSP RPT Yes							
PHYS EV Yes	EVIDENCE LOG Yes	PROPERTY? Yes		HOSP CHART Yes							
SUICIDE NOTE No	GSR NO	RCPT. NO. 252117		PF NO 001266261							
SYNOPSIS ACCORDING TO THE PRELIMINARY PASADENA PD INFORMATION, SHORTLY BEFORE 2300 HRS ON 03/24/12, OFFICERS RESPONDED TO A CALL OF AN ARMED ROBBERY HAVING JUST OCCURED, INVOLVING TWO MALES WITH HANDGUNS. A PATROL UNIT SPOTTED ONE OF THE SUSPECTS ON FOOT AND GAVE CHASE BOTH IN THE UNIT AND ON FOOT. THE PATROL UNIT STOPPED ON A NEARBY STREET TO "BOX IN" THE SUSPECT. THE SUSPECT APPROACHED THE D/S OF THE UNIT WITH HIS HAND ON HIS WAISTBAND, AT WHICH TIME, THE OFFICER FIRED FROM THE D/S SEAT. THE PARTNER ON FOOT HEARD AND SAW THE GUNFIRE AND APPROACHED AND FIRED AT THE SUSPECT. PARAMEDICS RESPONDED AND FOUND THE DEC'D WITH MULTIPLE GSW'S; HE WAS AWAKE AND HAD VITALS, HOWEVER, WAS ALOC. AT THE ER, BLOOD WAS FOUND IN HIS ABDOMEN AND HE CODED DURING EMERGENCY SURGERY. DESPITE ALL EFFORTS, HE WAS UNABLE TO BE RESUSCITATED AND HIS DEATH WAS PRONOUNCED AT 0028 HRS ON 03/25/12. 2-HR NOTIFICATIONS REQUESTED- SEE CASE NOTES FOR CONTACT INFO.											
KELLI BLANCHARD 496863		INVESTIGATOR <i>Kelli Blanchard</i>		DATE 3/27/2012		REVIEWED BY <i>[Signature]</i>		DATE 3/28/12		TIME 18:00	

FORM #3 NARRATIVE TO FOLLOW? ☒



County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2012-02050

Decedent: MCDADE, KENDREC LAVELLE

Information Sources:

1-Det Van Hecke, Pasadena PD

2-Huntington Memorial Hospital medical record #001266261

Investigation:

At 1600 hrs on 03/27/12, I selected the reported HOMICIDE (Officer Involved Shooting) death of Kendric McDade. Mr. McDade's death was pronounced at 0028 hrs on 03/25/12 at Huntington Memorial Hospital and Det Van Hecke (Pasadena PD) reported this death to Richard Heath at the FSC at 0813 hrs on 03/25/12. Forensic Attendant Aisha Scott transported Mr. McDade to the FSC at 1315 hrs on 03/25/12.

Location:

Injury: Residential street- 751 Sunset, Pasadena 91103

Death: Huntington Memorial Hospital- 100 W. California St, Pasadena 91109

Informant/Witness Statements:

The following Pasadena PD investigation information is preliminary and subject to change:

According to Det Van Hecke, shortly before 2300 hrs on 03/24/12, Pasadena PD received a 911 call from a citizen reporting that he had just been robbed by two males with guns. The males had then fled on foot, splitting up in two separate directions, and officers in a patrol unit in the area subsequently spotted the decedent. Upon seeing the officers, the decedent then fled.

The officers chased the decedent in the unit and then, the passenger officer exited the unit on foot and gave chase. The driving officer continued in the patrol unit and stopped at 751 Sunset Ave in an effort to "box in" the decedent and stop the chase. While positioned there, the decedent ran towards the driver-side of the unit and the officer, still in the unit, saw that the decedent's hand was on his waistband. As the decedent approached within a foot of the officer's door, the officer fired his service weapon four times at the decedent through the open driver side window, striking him.

As this was occurring, the officer's partner had caught up to the location and saw muzzle flashes and heard gunfire occurring at the driver side of the vehicle. Believing that his partner was engaged in a gun battle with the decedent, the officer then fired four rounds from his service revolver, also striking the decedent. The decedent was then handcuffed on the ground and paramedics responded to the scene.

Det Van Hecke advised that the service weapons fired at the scene were a .45 cal 1911 and a .40 cal Glock. Eight casings were recovered at the scene. He advised that no other use of force was reported by either of the involved officers.

According to the paramedic runsheet included in the medical record, at 2309 hrs on 03/24/12, Pasadena FD RA#36 responded to N.Orange Grove and Sunset in regards to a medical aid call. Upon their arrival, they found the decedent lying prone on the asphalt in the middle of the street with his hands cuffed behind his back. They noted (8) visible gunshot wounds to his body. They noted the decedent to be combative and restrained him. He was awake and alert and had vital signs.

They transported him to the ER where ER personnel noted (11) gunshot wounds to his body (ten to the front and one to the rear). He was awake and speaking, but altered. He then began to lose his pulse and became tachycardic. A FAST was performed and was positive in the right and left quadrants. Blood transfusions were administered.

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He then became bradycardic and hypotensive and went into PEA. A thoracotomy was performed with no blood return. No hemothorax was found and he regained a sinus rhythm. He was then taken to the OR for an exploratory laparotomy for a suspected abdominal bleed.

Upon opening his abdomen, (2) liters of hemorrhage was found and packed. He coded and despite all efforts, he was unable to be resuscitated and Dr Lugo pronounced death at 0028 hrs on 03/25/12.

Scene Description:

None visited by Coroner personnel as the decedent's death was pronounced at the hospital.

Evidence:

Forensic Attendant Aisha Scott collected the following at the FSC on 03/25/12: GSR Kit #C7055 at 1200 hrs, fingernail standards at 1203 hrs, and hair standards at 1340 hrs.

Body Examination:

The decedent is viewed at the FSC as an African-American male who appears older than his reported (19) years. He has short black hair, brown eyes, natural teeth, and a mustache and goatee. He has several tattoos, to include: Clouds with "Chosen" across his chest; an illegible tattoo to his inner right forearm", and, "In God We Trust" to his inner left wrist.

I do not see or feel any obvious trauma to his head or face. I see a cut-down ET tube in his mouth.

I see a small wound of unknown origin to the front of his left clavicle. There is a line to the front of his right clavicle.

There are vertical-running sutures to the front of his chest and horizontal-running sutures to the left side of his chest. There is what appears to be a surgical/incised wound to the right side of his chest.

I see the following gunshot wounds: inner right forearm; outer right forearm; outer upper right arm; center pubic area; right shin; and outer left hip.

I see a minor abrasion to his outer left knee.

I see no obvious trauma/defensive wounds to his hands.

I see no additional, obvious trauma to the front of his body.

No visual back exam was performed.

Identification:

The decedent was identified as: Kendric Lavelle McDade, DOB 05/05/92, by his father, Kenneth McDade, who viewed a photo of his son taken by Pasadena PD.

Next of Kin Notification:

According to _____, her grandson was not legally married and had no children at the time of his death. His parents, _____ are aware of their son's death.

Tissue Donation:

The decedent is no longer a candidate.

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Investigator's Narrative



Case Number: 2012-02050

Decedent: MCDADE, KENDREC LAVELLE

Autopsy Notification:

Det Van Hecke requests 2-hr notification- see case notes for his contact phone number.

DA Investigator Heinz requests 2-hr notification- see case notes for his/her contact phone number.

Kelli Blanchard

INVESTIGATOR

Joseph Balow

SUPERVISOR

3/27/12

Date of Report

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2012-02050

MCDADE, KENDREC

I performed an autopsy on the body of
at _____ the DEPARTMENT OF CORONER

Los Angeles, California on MARCH 28, 2012 @ 1100 HOURS
(Date) (Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) MULTIPLE GUNSHOT WOUNDS
DUE TO, OR AS A CONSEQUENCE OF

(B)
DUE TO, OR AS A CONSEQUENCE OF

(C)
DUE TO, OR AS A CONSEQUENCE OF

(D)
OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Anatomical Summary:**A. Multiple gunshot wounds.**

1. Gunshot wound #1 to the left abdomen.
 - a. Entry: left side lower abdomen. No soot or stippling.
 - b. Exit: none present.
 - c. Projectile: recovered from right hip.
 - d. Trajectory: left to right, front to back and downward.
 - e. Path: skin, iliac artery/vein/mesentery.
2. Gunshot wound #2 to the lower abdomen.
 - a. Entry: mid lower abdomen. No soot or stippling.
 - b. Exit: none present.
 - c. Projectile: recovered from right thigh.
 - d. Trajectory: left to right, front to back and downward.
 - e. Path: skin, femoral artery, muscle.
3. Gunshot wound #3 to the left hip.
 - a. Entry: left hip. No soot or stippling.
 - b. Exit: left buttock.
 - c. Projectile: none present.
 - d. Trajectory: left to right, front to back and downward.
 - e. Path: skin, muscle, skin.
4. Gunshot wound #4 to the right arm.
 - a. Entry: back of right arm. No soot or stippling.
 - b. Exit: front of right arm.

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- c. Projectile: none present.
 - d. Trajectory: back to front.
 - e. Path: skin, brachial artery, skin.
5. Gunshot wound #5 to the right forearm.
- a. Entry: back of right forearm. No soot or stippling.
 - b. Exit: front of right forearm.
 - c. Projectile: none present.
 - d. Trajectory: back to front.
 - e. Path: skin, subcutaneous tissue, skin.
6. Gunshot wound #6 to the left elbow.
- a. Entry: left elbow. No soot or stippling.
 - b. Exit: left elbow.
 - c. Projectile: none present.
 - d. Trajectory: back to front and downward.
 - e. Path: skin, subcutaneous tissue, skin.
7. Gunshot wound #7 to the right leg.
- a. Entry: front of right leg. No soot or stippling.
 - b. Exit: back of right leg.
 - c. Projectile: none present.
 - d. Trajectory: front to back and downward.
 - e. Path: skin, muscle tissue, skin.

INJURY DATE:

3/24/2012.

CIRCUMSTANCES:

See Investigator's Report.

EVIDENCE OF INJURY:

Note: The numbering of the gunshot wounds is for descriptive purpose only.

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Page 3Gunshot wound #1 to the left abdomen (fatal):

Entry: The entry wound is located on the left side of lower abdomen 28 inches below the vertex and 5 inches to the left of the midline. The wound is round measuring about 3/8 inch with abrasion. There is no soot or stippling.

Exit: There is none present.

Projectile: Recovered from the muscle of the right hip is a metal jacketed mushroom bullet. It is recovered at 1230 hours, placed in an evidence envelope and deposited into the safe at 1340 hours.

Trajectory: It is left to right, front to back and downward.

Path: The wound track is through the skin into the abdomen lacerating the iliac artery and vein with segments of mesentery and the projectile is lodged in the right hip where it is recovered.

Gunshot wound #2 to the lower abdomen (fatal):

Entry: The entry wound is located in the middle of the lower abdomen 31 inches below the vertex. The wound is round measuring about 3/8 inch with rim of abrasion. There is no soot or stippling.

Exit: There is none present.

Projectile: A deformed metal jacketed bullet is recovered from the muscle of the right thigh at 1255 hours. It is placed in an evidence envelope and deposited into the safe at 1340 hours.

Trajectory: It is left to right, front to back and downward.

Path: The wound track goes through the skin and passes through the groin into the left thigh lacerating the femoral artery as the projectile is lodged in the muscle where it is recovered.

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Page 4Gunshot wound #3 to the left hip (nonfatal):

Entry: The entry wound is located on the left hip 31 inches below the vertex and 3 inches to the left of the midline. It is an irregular gaping wound measuring about 1-3/4 inch x 3/4 inch. There is abrasion in the anterior margin. There is no soot or stippling.

Exit: The exit wound is located on the left buttock, 33 inches below the vertex and 2 inches to the left of the midline. It is irregular and measures 3/8 inch.

Projectile: There is none present.

Trajectory: It is left to right, front to back and downward.

Path: The wound track is through the skin and muscle of the left buttocks with no involvement of any major vessel.

Gunshot wound #4 to the right arm (fatal):

Entry: The entry wound is located on the back of the right arm 5-1/2 inches above the olecranon process. It is round measuring about 3/8 inch with rim of abrasion. There is no soot or stippling.

Exit: The exit wound is located on the front of the right arm 5-1/2 inches above the olecranon process. It is a slightly gaping irregular wound measuring 3/4 inch.

Projectile: There is none present.

Trajectory: It is back to front.

Path: The wound track goes through the skin extensively lacerating the muscle and brachial artery of the right arm as it exits from the skin in the front.

Gunshot wound #5 to the right forearm (nonfatal):

Entry: The entry wound is located on the posterior part of the right forearm 2-1/2 inches below the olecranon process. It is

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an irregular gaping wound measuring 1-1/4 inch x 3/4 inch. There is abrasion at the posterior margin. There is no soot or stippling.

Exit: The exit wound is located on the anterior part of the right forearm 2-1/2 inches below the olecranon process. It is irregular and measures about 1/2 inch.

Projectile: There is none present.

Trajectory: It is back to front.

Path: The wound track goes through the skin and subcutaneous tissue.

Gunshot wound #6 to the left elbow (nonfatal):

Entry: The entry wound is located on the left elbow just above the olecranon. The wound is round measuring about 3/8 inch and has abrasion. There is no soot or stippling.

Exit: The exit wound is located just below the olecranon process. It is irregular and measures about 3/8 inch.

Projectile: There is none present.

Trajectory: It is back to front and downward.

Path: The wound track is through the skin and subcutaneous connective tissue.

Gunshot wound #7 to the right leg (nonfatal):

Entry: The entry wound is located on the front of the right leg 16 inches above the heel. The wound measures about 1/2 inch and it is round with abrasion. There is no soot or stippling.

Exit: The exit wound is located on the back of the right leg 13 inches above the heel. It is irregular and measures about 3/8 inch.

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Projectile: There is none present.

Trajectory: It is front to back and downward.

Path: The wound track is through the skin and muscle of the right leg with no involvement of any major organ.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed refrigerated teenage male Black who appears about the reported age of 19 years. The body weighs 158 pounds, measures 68 inches and is well-built and fairly well-nourished. There is a small abrasion in front of the right knee. Multiple tattoos are present and the chest and upper extremities. Rigor has presumably been altered.

The head is normocephalic and is covered with black hair. Mustache is present. Beard is also present. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are white. There are no petechial hemorrhages of the conjunctivae of the lids or sclerae. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. The abdomen is flat. The genitalia are those of a male. The penis appears circumcised. The extremities show no deformity.

EVIDENCE OF THERAPEUTIC INTERVENTION:

The following are present and properly positioned: Endotracheal tube and central line.

There is evidence that the following surgical procedures have been performed: Thoracotomy and laparotomy.

CLOTHING:

The body was not clothed and no clothing was submitted.

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INITIAL INCISION:

The body cavities are entered through the standard Y-shaped incision.

NECK:

The neck organs are removed en bloc with the tongue. There is no trauma of the gingiva, lips or oral mucosa. Both hyoid bone and larynx are intact and without fracture. There is no hemorrhage in the strap muscles of the neck or around any throat organ. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY.

See "Evidence of Injury" and "Evidence of Therapeutic Intervention". There is blood in the chest cavity. Both lungs are collapsed. There are no adhesions. The organs of the abdominal cavity have a normal arrangement and none are absent. There is blood in the abdomen. There is no adhesion.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.

MUSCULOSKELETAL SYSTEM:

There is no abnormality of the bony framework or muscles present.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The heart weighs 300 grams. It has a normal configuration. The valves are thin and competent. There is no lesion of the myocardium. There is no coronary atherosclerosis.

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RESPIRATORY SYSTEM:

There is slight secretion in the lower respiratory passages. The mucosa is intact and pale. The left lung weighs 300 grams. The right lung weighs 250 grams. The visceral pleurae are smooth. The lung parenchyma is unremarkable.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach contains small amount of brown fluid. The mucosa is unremarkable. The small intestine and colon are unremarkable. The appendix is present. The pancreas occupies a normal position and there is no trauma.

HEPATOBIILIARY SYSTEM:

The liver weighs 1300 grams. The capsule is intact. The parenchyma is red-brown and unremarkable. The gallbladder is present. It contains bile and no calculi.

URINARY SYSTEM:

The left kidney weighs 120 grams. The right kidney weighs 110 grams. The kidneys are normally situated and are unremarkable. The urinary bladder is unremarkable. It contains 20 cc of urine.

GENITAL SYSTEM:

The prostate is without enlargement or nodularity. Both testes are in the scrotum, are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 80 grams. The capsule is intact. The parenchyma is dark red and unremarkable. Lymph nodes throughout the body are unremarkable. The bone is not remarkable. The bone marrow of the rib is unremarkable.

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ENDOCRINE SYSTEM:

The thyroid, adrenal and pituitary glands are unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There is no hemorrhage. The brain weighs 1300 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. The basal ganglia are intact. Anatomic landmarks are preserved. The ventricular system is unremarkable. Pons, medulla and cerebellum are unremarkable. Vessels at the base of the brain have a normal pattern of distribution. The cranial nerves are intact.

SPINAL CORD:

The entire spinal cord is not dissected.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one storage jar in 10% formalin.

TOXICOLOGY:

Blood, bile, urine and vitreous have been submitted to the laboratory. A homicide screen was requested.

PHOTOGRAPHY:

Photographs have been taken prior to and during the course of the autopsy.

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RADIOLOGY:

The body is fluoroscoped and x-rays are taken.

WITNESSES:

Detectives Van Hecke and Gomez (Pasadena P.D.) witnessed the autopsy.

DIAGRAMS USED:

Diagram Forms #20-1/5, 20-2/5, 20-3/5, 20-4/5, 20-5/5 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

Death is due to multiple gunshot wounds. Manner of death is homicide.

Ogbona Chinwah
OGBONA CHINWAH, M.D.
DEPUTY MEDICAL EXAMINER

5/7/12
DATE

OC:mtm:c
D-3/28/12
T-4/10/12

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AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D☐ FAMILY OBJECTION TO AUTOPSYDate: 3/28/12 Time: 1100 Dr. C. HINWAH
(Print)FINAL ON: 3/28/12 By: C. HINWAH
(Print)APPROXIMATE
INTERVAL
BETWEEN
ONSET
AND
DEATH012-02050
DADE, KENDREC
MI

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DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) Multiple gunshot wounds

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

☐ NATURAL☐ SUICIDE☒ HOMICIDE☐ ACCIDENT☐ COULD NOT BE DETERMINEDIf other than natural causes,
HOW DID INJURY OCCUR?With firearmWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☐ NOTYPE OF SURGERY: Thoracotomy / Laparotomy DATE: 3/24/12☐ ORGAN PROCUREMENT☒ TECHNICIAN: MOLINA

PREGNANCY IN LAST YEAR

☐ YES ☐ NO ☐ UNK ☒ NOT APPLICABLE☒ WITNESS TO AUTOPSY☒ EVIDENCE RECOVERED AT AUTOPSY

Item Description:

VAN HECKEGOMEZPROJECTILE(PREADENA PD)Type Two (2) metal jacketed,
mushroomed / deformedLocation Right hip / Right thighTime recovered 1230/1255Time deposited into safe
1340197103M

RESIDENT

DME

C. Gomez Chinwah

Age: _____ Gender: Male / Female

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG ☐ CLOTHING
☒ XRAY (No. 14) ☐ FLUORO
☐ SPECIAL PROCESSING TAG ☐ MED. RECORDS
☐ AT SCENE PHOTOS (No. _____)

CASE CIRCUMSTANCES

☐ EMBALMED
☐ DECOMPOSED
☐ >24 HRS IN HOSPITAL
☐ OTHER: _____ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: C. HINWAHSOURCE: HEART

TOXICOLOGY SPECIMEN

COLLECTED BY:

☒ HEART BLOOD ☐ STOMACH CONTENTS
☒ FEMORAL BLOOD ☒ VITREOUS

TECHNIQUE:

☐ BLOOD ☐ SPLEEN
☐ BLOOD ☐ KIDNEY
☒ BILE
☐ LIVER
☒ URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: JO

HISTOLOGY

☒ Regular (No. 1) ☐ Oversize (No. _____)
Histopath Cut: ☐ Autopsy ☐ Lab

TOXICOLOGY REQUESTS

FORM 3A: ☐ YES ☐ NO☐ NO TOXICOLOGY REQUESTED
SCREEN ☐ C ☒ H ☐ T ☐ S ☐ D
☐ ALCOHOL ONLY
☐ CARBON MONOXIDE
☐ OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT ☐ MED HISTORY
☐ TOX FOR COD ☐ HISTOLOGY
☐ TOX FOR R/O ☐ INVESTIGATIONS
☐ MICROBIOLOGY ☐ EYE PATH. CONS.
☐ RADIOLOGY CONS.
☐ CONSULT ON: _____
☐ BRAIN SUBMITTED
☐ NEURO CONSULT ☐ DME TO CUT
☐ CRIMINALISTICS
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

162012-02050
MCDADE, KENDREC
HOMI

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EXTERNAL EXAM

Sex *M*
 Race *B*
 Age *19*
 Height *68*
 Weight *158*
 Hair *Blk*
 Eyes *Brn*
 Sclera
 Teeth *own*
 Mouth
 Tongue
 Nose
 Chest
 Breasts
 Abdomen
 Scar
 Genital
 Edema
 Skin
 Decub

HEART Wt.

300
 Pericard
 Hypert
 Dilat
 Muscle
 Valves
 Coronar

RV
 LV
 Septum

AORTA**VESSELS****LUNGS Wt**

R *250*
 L *300*

Adhes
 Fluid *Slight Blood*
 Atelectasis *R/L*
 Oedema
 Congest
 Consol
 Bronchi
 Nodes

PHARYNX**TRACHEA****THYROID****THYMUS****LARYNX****HYOID****ABDOMINAL WALL FAT****PERITONEUM**

Fluid

Adhes

LIVER Wt

Caps

Lobul

Fibros

G B

Calc

Bile ducts

SPLEEN Wt

Color

Consist

Caps

Malpig

PANCREAS**ADRENALS****KIDNEYS Wt**

R

L

Caps

Cortex

Vessels

Pelvis

Ureter

BLADDER**GENITALIA**

Prost

Testes

Uterus

Tubes

Ovar

OESOPHAGUS**STOMACH**

Contents

DUOD & SM INT**APPENDIX****LARGE INT****ABDOM NODES****SKELETON**

Spine

Marrow

Rib Cage

Long bones

Pelvis

SCALP**CALVARIUM****BRAIN Wt**

Dura

Fluid

Ventric

Vessels

Middle ears

Other

PITUITARY**SPINAL CORD****TOXICOLOGY SPECIMENS**

Bld, Rile, Urine, Vitreous

SECTIONS FOR HISTOPATHOLOGY

Storage

MICROBIOLOGY**DIAGRAMS****X-RAYS**

14

OTHER PROCEDURES**GROSS IMPRESSIONS**

MG 805

Date

3/28/12

Time

1100

Deputy Medical Examiner

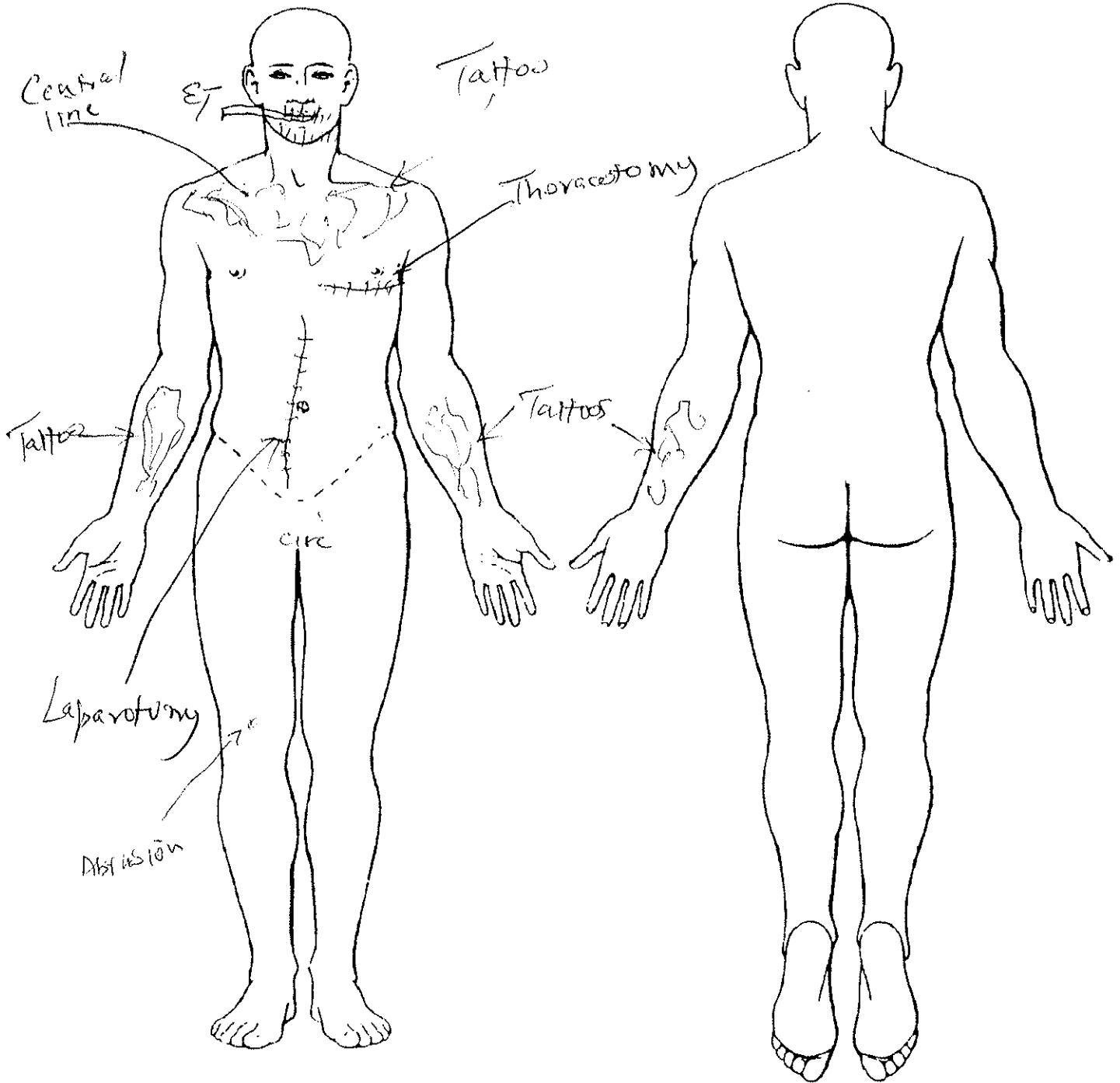
C. Moore Chiu

20

1/5

2012-02050
MCDADE, KENDREC
HOMI

20



Date 3/28/12

G. J. Jones

M.D.

Deputy Medical Examiner

20

2/5

② Abdomen
Entry
284V
5mm
3/8 round
abrasion

Exit - None

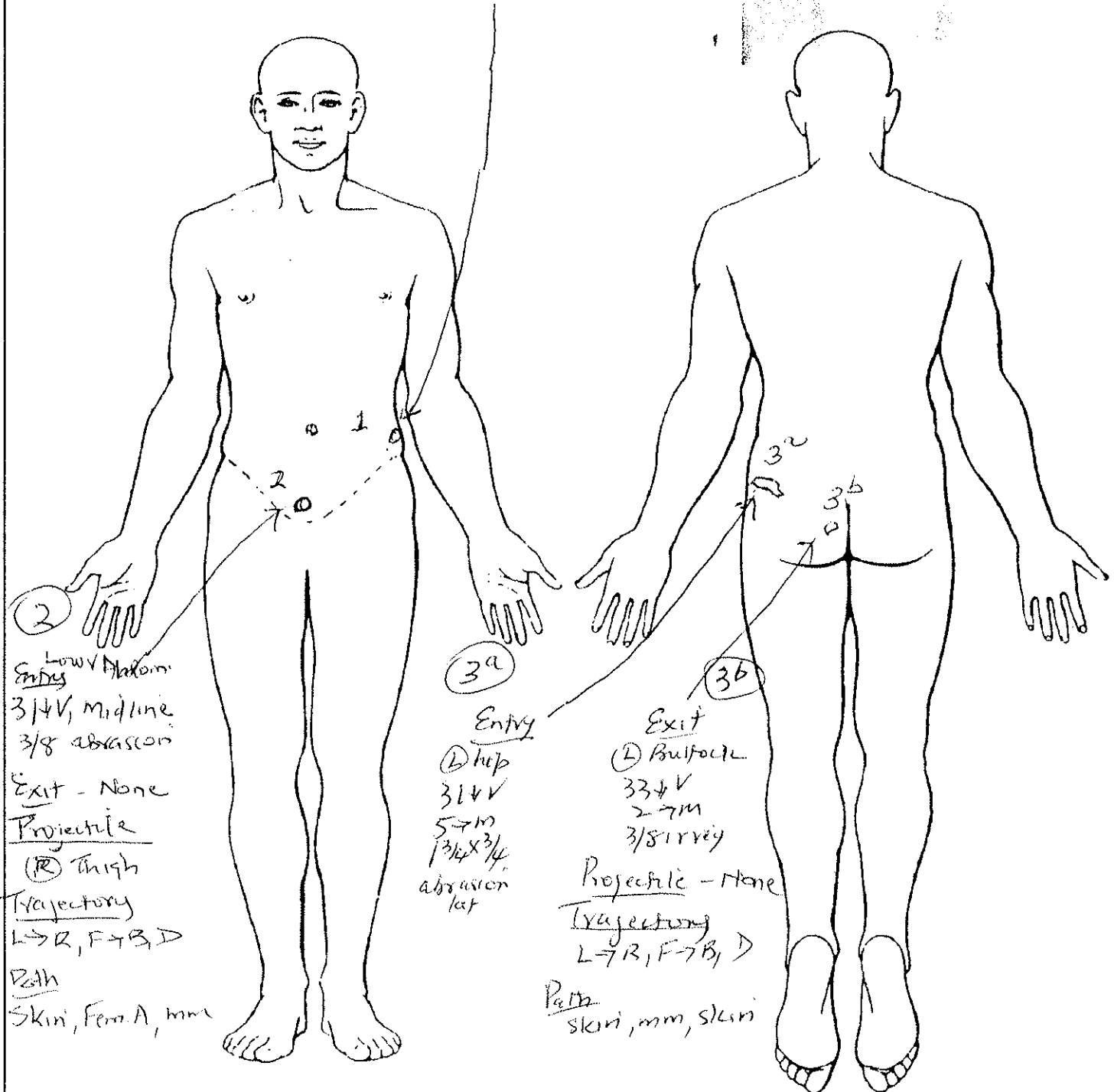
Projectile - ② hip

Trajectory L→R, F→B, D

Path skin, iliac A/V/mqscater

2012-02050
MCJADE, KENDREC
HOMI

207



Date

3/28/12

Osborne Chiswick

M.D.

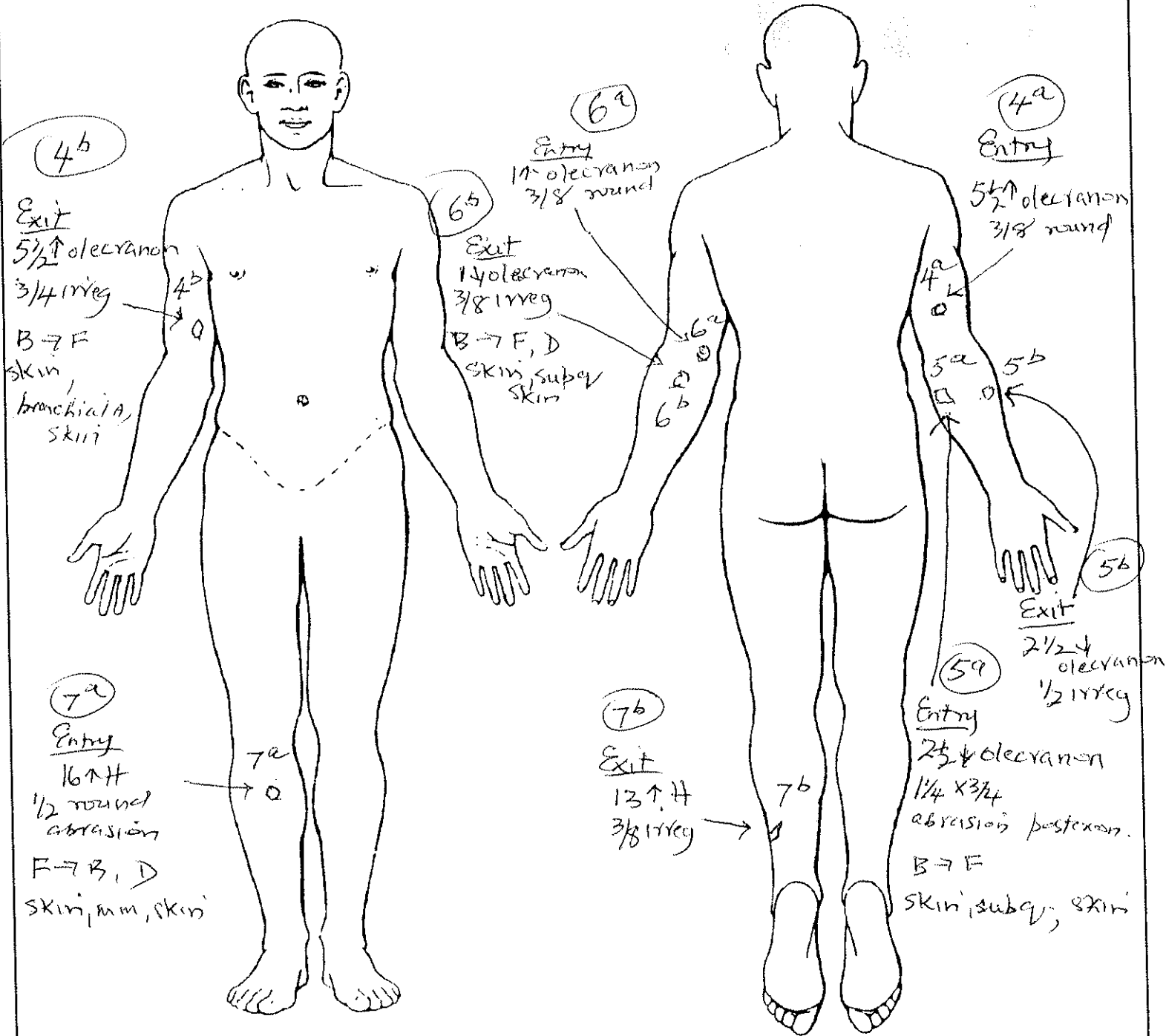
Deputy Medical Examiner

20

3/5

2012-02050
MCDADE, KENDREC
HOMI

207



Date

3/28/12

George Chivach

M.D.

Deputy Medical Examiner

20

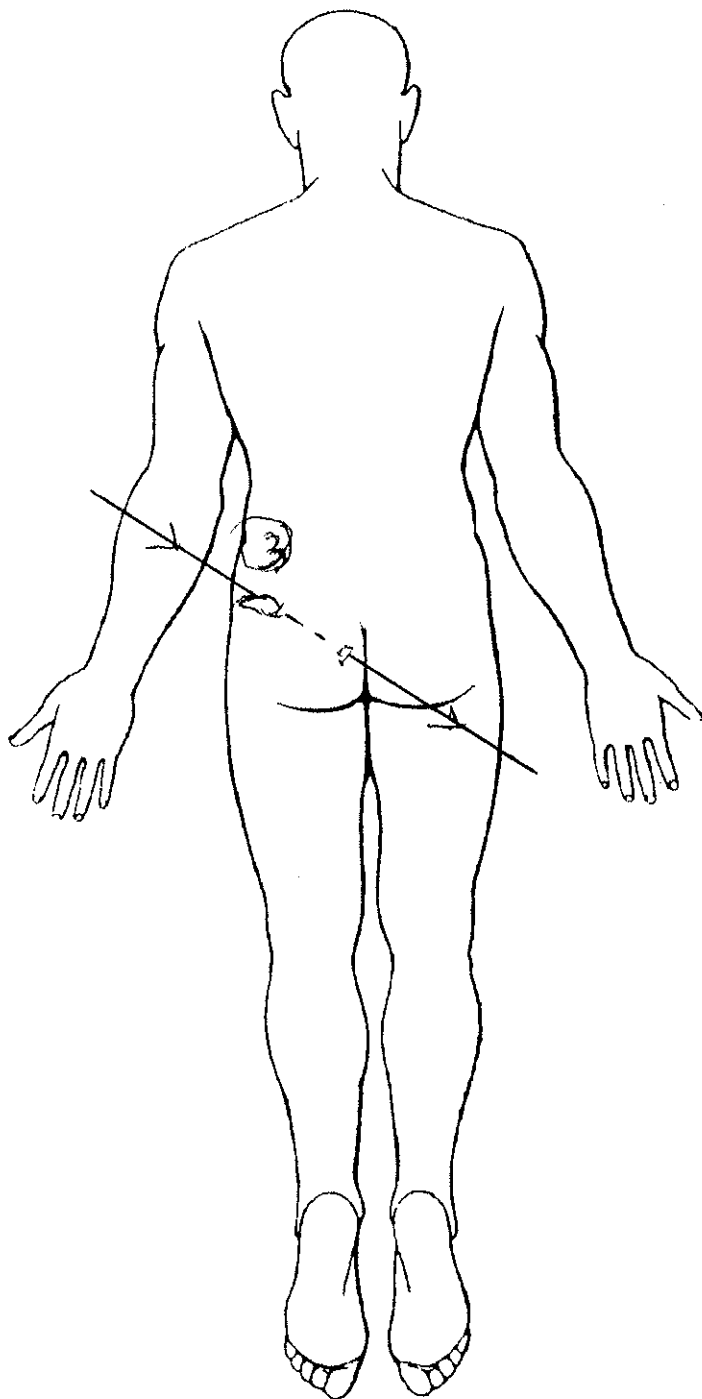
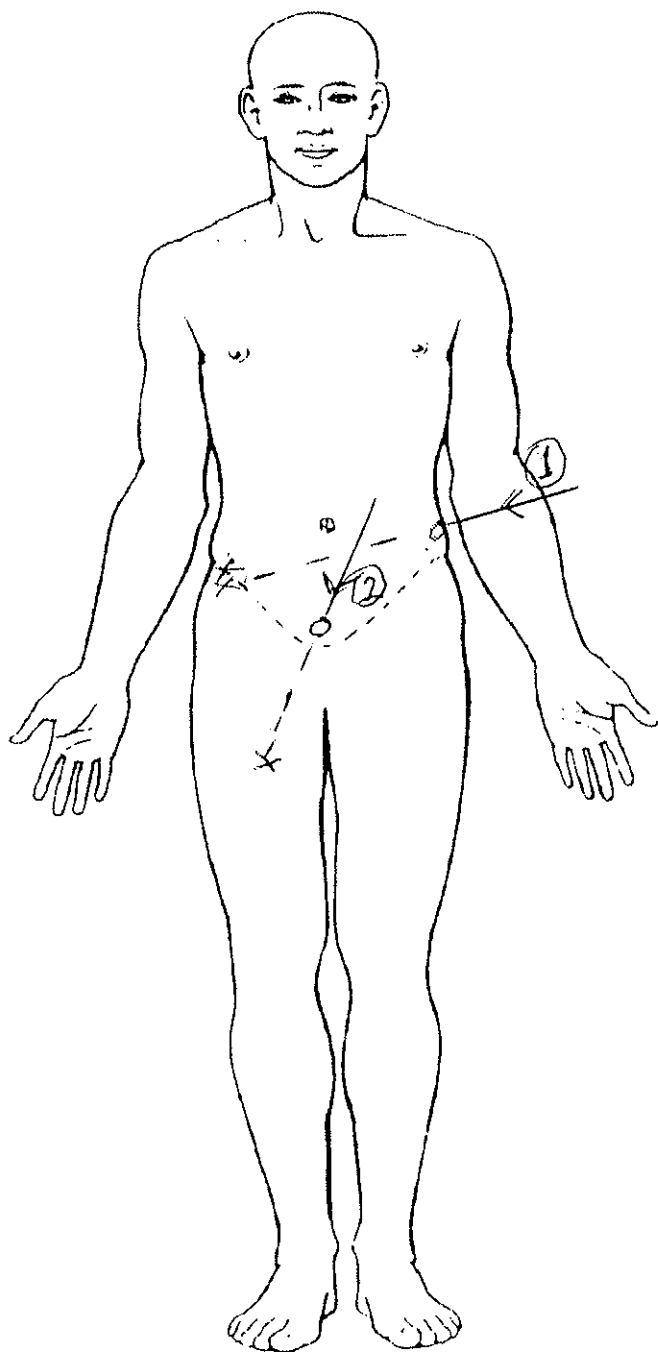
4/5

TRAJECTORY GSWS



2012-02050
MCDADE, KENDREC
HOMI

20



Date 3/28/12

Joanne Chirco
Deputy Medical Examiner

M.D.

20

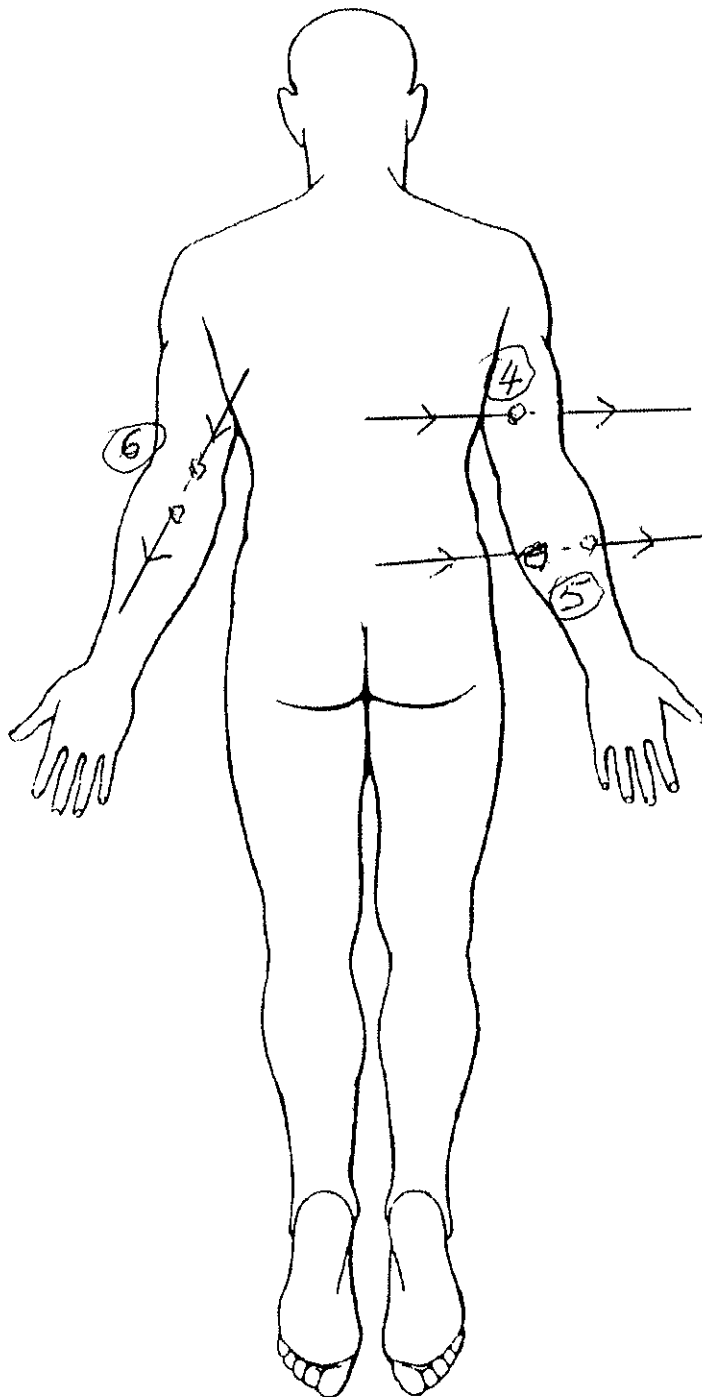
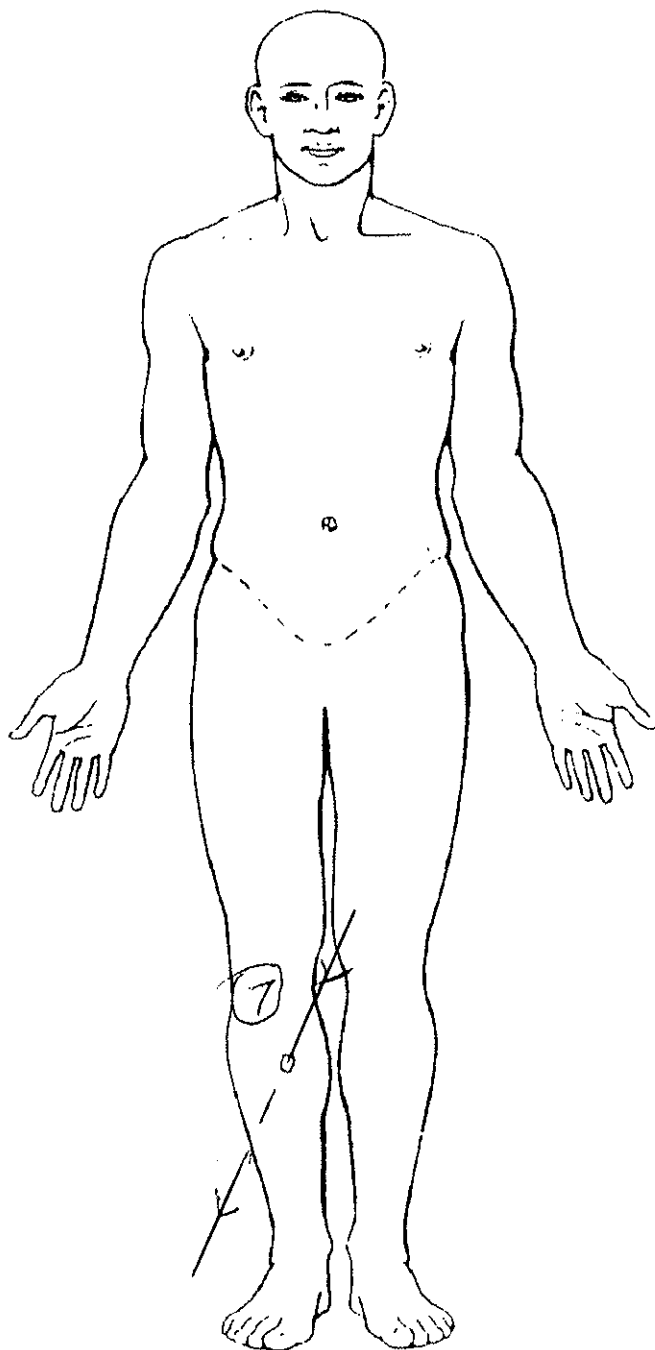
5/5

TRAJECTORY. GSWs



2012-02050
MCDADE, KENDREC
HOMI

207



Date

3/28/12

Cyborus Chivah M.D.

Deputy Medical Examiner



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
Laboratory Analysis Summary Report



To: Dr. Chinwah
Deputy Medical Examiner

☐ PendingTox

The following results have been technically and administratively reviewed and are the opinions and interpretations of the Analyst:

Coroner Case Number: 2012-02050 Decedent: MCDADE, KENDREC

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Femoral				
	Alcohol	Ethanol	0.06 g%	M. Schuchardt
Blood, Heart				
	Alcohol	Ethanol	0.02 g%	M. Schuchardt
	Bases	Etomidate	Present	S. DeQuintana
	ELISA	Barbiturates	ND	C. Miller
	ELISA	Cocaine and Metabolites	ND	C. Miller
	ELISA	Fentanyl	ND	C. Miller
	ELISA	Methamphetamine & MDMA	ND	C. Miller
	ELISA	Opiates: Codeine & Morphine	ND	C. Miller
	ELISA	Opiates: Hydrocodone & Hydromorphone	ND	C. Miller
	ELISA	Phencyclidine	ND	C. Miller
	Marijuana	Carboxy-THC	36 ng/mL	J. Lintemoot
	Marijuana	Tetrahydrocannabinol (THC)	4.3 ng/mL	J. Lintemoot
Urine				
	Alcohol	Ethanol	0.08 g%	M. Schuchardt
Vitreous				
	Alcohol	Ethanol	0.06 g%	M. Schuchardt

Legend:	mg/dL	Milligram per Deciliter	QNS	Quantity Not Sufficient
g	Grams	mg/L	TNP	Test Not Performed
g%	Gram Percent	ND	ug	Micrograms
Inc.	Inconclusive	ng/g	ug/g	Micrograms per Gram
mg	Milligrams	ng/mL	ug/mL	Microgram per Milliliter

In accordance with the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one-year and all other specimens for six-months from Autopsy.

Administratively reviewed by:

Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
Supervising Criminalist II
TOXICOLOGY

16
5/7/12

18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

Huntington Memorial Hospital
NAME OF FACILITY

CC# 2012-02050

V 1302031

Doe John
20699

ADDRESS 100 West Coliforma St. HOSPITAL PHONE # 626-397-5012

NAME OF DECEDENT Doe John

HOW IDENTIFIED _____ DOB _____ AGE 19 SEX M RACE African American

DATE OF DEATH 03-24-2012 TIME 0020

PRONOUNCED BY Dr. Brian Lugo MEDICAL RECORD OR PATIENT FILE # _____

ORGAN/TISSUE DONATION INFORMATION

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

NO ☐ YES ☐ IF YES WHAT WAS THEIR RESPONSE? _____

DATE ADMITTED 03-24-2012 TIME _____

☐ SELF ☐ AMBULANCE (Name or R.A.#) _____

FROM _____

(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS _____

(IF HOSPITAL ATTACH THEIR HISTORY) _____

ADMITTED BY: Brian Lugo M.D. PRIMARY ATTENDING PHYSICIAN Brian Lugo M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES 03-24-2012 23:40 PLACE _____ CAUSE Gun Shot Wound
DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES: Multiple Gun Shot Wounds, Chest, Abdomen, also Extremities

CLINICAL HISTORY:

Laparotomy and Thoracotomy
SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY 0/2

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN 0/4 DATE & TIME 0/2

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: (NO) YES (ATTACH REPORT)

TOXICOLOGY SCREEN: (NO) YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: (NO) YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: BULLET WOUNDS TO ABDOMEN

BY [Signature] M.D. -OR-

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____